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CONFIRMATION NO. 9760

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|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|
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|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|

APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\*** *PS*

This application is a 371 of PCT/US00/04663 02/23/2000  
 which claims benefit of 60/121,588 02/23/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *None*

**\*\* SMALL ENTITY \*\***

|   |                                |                    |                       |                            |
|---|--------------------------------|--------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>CA      | SHEETS<br>DRAWING  | TOTAL<br>CLAIMS<br>27 | INDEPENDENT<br>CLAIMS<br>4 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | Examiner's Signature <i>PS</i> | Initials <i>PS</i> |                       |                            |

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TITLE

Method of treatment of mitochondrial disorders

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|-----------------------------|---|--|
| FILING FEE RECEIVED<br>1156 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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